

**SECTION 1 – COMPLETED BY PSI CONTACT****FIELD SERVICE TRACKING #:**

CUSTOMER: C.F. Roark ORIGINATION DATE: _____
ADDRESS: 136 North Green ST. PSI CONTACT: Richard Robinson
CITY: Brownsburg STATE IN ZIP CODE 46112
CONTACT Bradley Beeson CUSTOMER P.O.: 033528-00
PHONE: (317) 852-3163 PART/MACHINE NO: 10251
SERVICE REQUEST DATE: 5-10-11 SERVICE SCHEDULE DATE: _____
DESCRIPTION OF SERVICE REQUESTED BY CUSTOMER:

☐ INSTALLATION ☐ WARRANTY ☒ NON-WARRANTY

- 1 - Welder arcing out
- 2 - Filament very un-stable
- 3 - Perform preventive maintenance
- 4 - Perform 6 month calibration

SECTION 2 – COMPLETED BY SERVICE REPRESENTATIVE

A. DATE / TIME SERVICE BEGAN: 5-10-11 12:00pm ENDED: 5-13-11

B. DESCRIPTION OF SERVICE / ACCOMPLISHMENTS PERFORMED:

- 1 - The EB gun and corona ring were both removed and cleaned. There were evidence of major arcing on both. The major arcing issue has been resolved.
- 2 - The PM and Machine calibrations has been performed. Brad has both reports.
- 3 - The EB Welder is back in full production.
- 4 - I would also like to recommend that Roark request that the polycoly unit receive a check-up

C. (NEW ISSUES) DURING PERFORMANCE OF SERVICE ☒ YES (DESCRIBE) ☐ NO

- 1 - During PM it was dicovered that the A side diffusion pump has a bad circuit breaker. 804 cb and possibly a bad heater. (repair is in progress) 804 cb has been replaced. The diffusion pump currents are as follows. 13 amp 10 amp and 10 amp. Should be 13 amp for all legs. The customer will replace the heaters.
- 2 - Brad informed me that the optics p.c board returned from Sciaky to Roark still is having issues. The board must be checked and verified for final alignment on the welder. Should be performed before and emergency happens. The scheduling can be worked out between Sciaky and Roark.
- 3 - Replaced the secondary diodes in the high voltage tank, replaced the bias resister inside the tank, replaced the ground strap connected to the high voltage tank.

D. ADDITIONAL PARTS / RESOURCES REQUIRED ☒ YES (DESCRIBE) ☐ NO



The customer has make a request to Sciaky to order a new gun cartridge. Ron has the information.

PART NUMBER	DESCRIPTION	QUANTITY

E. SITE LOCATION:

DATE IN 5-10-11 DATE OUT 5-13-11
TIME IN 12:00 pm TIME OUT 2:00pm TOTAL HOURS ON SITE 34

F. CUSTOMER CONTACT CONFIRMATION OF PSI TECHNICIAN'S TIME ON SITE ☒ YES ☐ NO

CUSTOMER SIGNATURE:

CUSTOMER COMMENTS:

G. FOLLOW-UP SERVICE REQUIRED ☒ NO ☐ YES

IF YES, DESCRIBE:

H. PROGRESS / STATUS REVIEW WITH CUSTOMER AND PSI MANAGEMENT (DAILY) FOR EXTENDED PERIODS OF SERVICEDATE _____ AT LOCATION _____ FOLLOW-UP NO

PSI CONTACT NAME _____

REVIEW RESULTS:

BILL TO

CUSTOMER: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

 EB ☒ RW ☐ FU ☐ Misc. ☐ FS Job No. _____
CHARGESTRAVEL HOURS 12 @ _____ = _____
 LABOR HOURS
(Normal) 34 @ _____ = _____

 LABOR HOURS
(Overtime) _____ @ _____ = _____

 LABOR HOURS
(Double Time) _____ @ _____ = _____

PER DIEM (DAYS) _____ @ _____ = _____

CAR RENTAL = _____

AIR FARE = _____

MISCELLANEOUS

= _____

= _____

TOTAL = _____

SERVICE REP. SIGNATURE OR NAME: _____

CUSTOMER CONTACT SIGNATURE OR NAME: _____

SECTION 3 – COMPLETED BY DIVISION MANAGEMENT OR DESIGNEE

	YES	NO	N/A
A. DID SERVICE BEGIN AS SCHEDULED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B. WERE SERVICE OBJECTIVES ACCOMPLISHED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C. WERE ALL ADDITIONAL ISSUES ADDRESSED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D. WERE ALL ADDITIONAL PARTS/RESOURCES NEEDS ADDRESSED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
E. IF REQUIRED, HAS FOLLOW-UP SERVICE BEEN SCHEDULED?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. WAS PROGRESS ON SCHEDULE AND STATUS REVIEWED WITH CUSTOMER?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
G. DID CUSTOMER CONTACT WITNESS FUNCTIONALITY OF EQUIPMENT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
H. WAS CUSTOMER SATISFIED BASED ON THAT DOCUMENTED REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

DIVISION MANAGER OR DESIGNEE: _____

SIGNATURE: _____

DATE: _____



Distribution: GENERAL MANAGER OR DESIGNEE AND APPLICABLE SALES REP. OR TERRITORY MANAGER